

DANCE HALL PERMIT

DATE SUBMITTED:	
NAME OF OWNER/OPERATIOR: COMPLETE MAILING ADDRESS:	
TELEPHONE NUMBER: CELL PHONE NUMBER: EMAIL ADDRESS:	
NAME OF PROPERTY OWNER: COMPLETE MAILING ADDRESS:	
TELEPHONE NUMBER: SOCIAL SECURITY NUMBER:	
BUSINESS NAME: COMPLETE ADDRESS	
FEDERAL ID NUMBER: TAX MAP & PARCEL NUMBER:	
The following questions must be ans	swered completely or your application will not be processed.
1. State the hours of operation:	
2. Do you have an ABC License? If so, list	the license number and expiration date.
3. Do you wish for this Dance Hall permit t	o be an annual event?
a. If the answer to the above questions is	"NO", please explain your reasoning for not wanting an annual permit:
IN THE AREA BELOW, PLEASE DESCRI	BE THE FOLLOWING:
1. Seating area:	
2. Dance area:	
3. Type of dance hall operation:	
4. Security enforcement:	

a. Attach hereto

5. Please provide a sketch of dance area showing dimension, location of exits, and layout



IF NECESSARY, USE ADDITIONAL PAGES TO EXTEND YOUR RESPONES ABOVE.

FEE: The annual fee for a license required by this division shall be one hundred dollars (\$100.00); provided, however, that such fee shall be prorated as follows, if the initial license is obtained after the beginning of the license year:

January 1 – March 31	\$100.00
April 1 – June 30	\$ 75.00
July 1 – September 30	\$ 50.00
October 1 – December 31	\$ 25.00

The fee prescribed by this section shall be received in the County Administrator's Office.

[,	, hereby swear or affirm that the	he information given on this permit is the truth
the best of my knowle	dge:	
Signature	Date	
This form must	be submitted to the County Administrator's office	at 40 E Court St, Rocky Mount, VA 24151
Prior to submission, t	the Applicant must secure the following approvals 10	days prior to the Board of Supervisors' meeting
APPROVED:	Planning & Zoning Department	Date
APPROVED:	Public Safety	Date
APPROVED:	Sheriff's Department per background investigation	Date
RECOMMEN	IDED: County Administrator	